

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions**

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<b>1. Agency Name</b> <u>Lighthouse Housing Corporation</u> <small>Division, Department, or Region (if applicable)</small>		Date Stamp 2018 JAN 29 AM 10:25 US MAIL	<b>California Form 802</b> <small>For Official Use Only</small>
<b>Designated Agency Contact (Name, Title)</b> <u>Jacqueline Odom, Executive Director</u>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
<b>Area Code/Phone Number</b> <u>650-387-6819</u>	<b>E-mail</b> <u>lighthousehousing@yahoo.com</u>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 72.50

Event Description: Harlem Globetrotters Date(s) 01/19/2018  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: SJA A  
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: \_\_\_\_\_  
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy
<u>Lighthouse Housing Corporation</u>	<u>8</u>	<u>Providing entertainment to underserve San Jose Resident Families</u>
B. Name of Individual (Last, First)	Number of Ticket(s)/Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Passes	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Jacqueline Odom Executive Director 1-22-2018  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: Shelly is so Amazing. She is always willing to support Underserve Families in the San Jose area.